

<b>Case Number:</b>	CM14-0173902		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old female who was injured on January 10, 2011. The patient continued to experience pain in her neck radiating down upper extremities with paresthesias and pain in lower back radiating down lower extremities with paresthesias. Physical examination was notable for tenderness to cervical and lumbar paraspinals, tenderness to the trapezial muscles, positive bilateral straight leg raise, and intact sensorimotor exam. Prior MRI of the cervical spine reported multi-level degenerative changes with bulging discs. Prior imaging of the lumbosacral spine showed L5-S1 disc protrusion with moderate left-sided stenosis. Diagnoses included cervical sprain/strain, cervical radiculopathy, bilateral carpal tunnel syndrome, lumbar spinal strain, and lumbar radiculopathy. Treatment included medications, physical therapy, acupuncture, shockwave therapy, epidural steroid injections, and home exercise program. Request for authorization for Pain management consultation was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation or Medical Evidence: UpToDate; Evaluation of Chronic Pain in Adults

**Decision rationale:** Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: - Symptoms that are debilitating- Symptoms located at multiple sites- Symptoms that do not respond to initial therapies- Escalating need for pain medication. In this case the documentation in the medical record does not support that the patient has any of the aforementioned conditions. Medical necessity has not been established. The request is not medically necessary.